05010

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 116

1. PLACE OF DEATH: COUNTY Dorchester MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cambridge (Rural)
LENGTH OF STAY (in this place) approx. 6 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Goldsbarough Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Dor
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cambridge
STREET ADDRESS (If rural, give location) Race Street Extd.

3. NAME OF DECEASED (Type or Print) (First) DANIEL (Middle) C. (Last) BIER
4. DATE OF DEATH (Month) MAY (Day) 3 (Year) 1953
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 6-5-1924
9. AGE last birthday 28 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Patrolman
10b. KIND OF BUSINESS OR INDUSTRY Cambridge Police Force
11. BIRTHPLACE (State or foreign country) Pennsylvania
12. CITIZEN OF WHAT COUNTRY U.S.A.
13. FATHER'S NAME Louis E. Bier
14. MOTHER'S MAIDEN NAME Mary McNamara
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. unknown
17. INFORMANT AND ADDRESS Mrs. Louise Bier: Cambridge, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

981 X

Immediate cause (a) acute Blood Loss and Shock — approx 1 Min.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Bullet laceration of Left Ventricle — approx 1 Min.

(c) Bullet Wound penetrating thru L. Chest — approx 1 Min.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Residence Bldg.
(CITY OR TOWN) Near Cambridge (COUNTY) Dorchester (STATE) Md
TIME OF INJURY (Month) May (Day) 3rd (Year) 1953 (Hour) approx 5 A.M. m.
INJURY OCCURRED While at work ☒ Not while at work ☐
HOW DID INJURY OCCUR? Homicide

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐.*

SIGNATURE Eldridge H. Wolfhurst (Degree or title) DME Dorchester Co. ADDRESS Cambridge Maryland DATE SIGNED 5-4-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 5-5-1953
NAME OF CEMETERY OR CREMATORY Hillcrest Cemetery
LOCATION (City, town, or county) (State) Federalsburg, Maryland
DATE REC'D BY LOCAL REG. 5-4-53
REGISTRAR'S SIGNATURE John Mace Jr MD
24. FUNERAL DIRECTOR LeCompte Funeral Service ADDRESS Cambridge, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
MAY 12 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05011

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH: COUNTY Dorchester MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge — LENGTH OF STAY (in this place) since 5/5/1925

HOSPITAL OR INSTITUTION OR STREET ADDRESS Eastern Shore State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wicomico

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury 22-12

STREET ADDRESS (If rural give location) Unknown

3. NAME OF DECEASED: (Type or Print) (First) Woodland (Middle) C. (Last) Bounds

4. DATE OF DEATH: (Month) May (Day) 9 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Jan. 21, 1874

9. AGE last birthday: 79 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bricklayer

10b. KIND OF BUSINESS OR INDUSTRY: Construction

11. BIRTHPLACE (State or foreign country): Somerset County, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: William Bounds

14. MOTHER'S MAIDEN NAME: Elizabeth Pusey

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unknown (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: Unknown

17. INFORMANT & ADDRESS: Eastern Shore State Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1

		Interval Between Onset And Death
Immediate cause (a)	Chronic Myocarditis	10 yrs. +
DUE TO		
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)	Generalized Arteriosclerosis	10 yrs. +
DUE TO		
(c)	Senility	10 yrs. +

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Dementia Praecox, paranoid type — 30 yrs.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/1, 1951, to 5/9, 1953, that I last saw the deceased alive on 5/9, 1953, and that death occurred at 11:08 P.M., from the causes and on the date stated above.

SIGNATURE Robert H. Reddick (Degree or title) M.D. ADDRESS State Hospital, Cambridge, Md. DATE SIGNED 5/9/53

23. BURIAL, CREMATION, REMOVAL (Specify) Removal Burial — DATE THEREOF May 12-53 — NAME OF CEMETERY OR CREMATORY Presbyterian Cemetery — LOCATION (City, town, or county) Salisbury Md. (State)

DATE REC'D BY LOCAL REGISTRAR 5-11-53 — REGISTRAR'S SIGNATURE John Mace Jr. M.D.

24. FUNERAL DIRECTOR Holloway & Co. Princess Ann ADDRESS

Walter R. Holloway

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 12 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

05012

CERTIFICATE OF DEATH

Reg. Dist. No. 116

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-

1. PLACE OF DEATH:
COUNTY Dorchester MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN) Cambridge
LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cambridge Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Secretary
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Reginald (Middle) Brooks (Last) Bradshaw

4. DATE OF DEATH: (Month) 5 (Day) 11 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: 1/30/1879

9. AGE last birthday: 74 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Merchant (Ret)

10b. KIND OF BUSINESS OR INDUSTRY: Dry Store

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Bradshaw

14. MOTHER'S MAIDEN NAME: Laura Bennett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs Reginald Bradshaw Secretary, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
420.0 Immediate cause	(a) Coronary Occlusion	1 day
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Arteriosclerotic Heart Disease DUE TO	5 yrs
	(c) DUE TO	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/10, 1953 to 5/11, 1953, that I last saw the deceased alive on 5/11, 1953, and that death occurred at 5:20 a.m., from the causes and on the date stated above.

SIGNATURE Lawrence Wagner (DEGREE OR TITLE) M.D. ADDRESS Cambridge, Md. DATE SIGNED 5/12/53

23. BURIAL, CREMATION / REMOVAL (Specify): Burial

DATE THEREOF 5/14/53

NAME OF CEMETERY OR CREMATORY East New Market

LOCATION (City, town, or county) East New Market (State) Dor. Md

DATE REC'D BY LOCAL REG. 5-13-53

REGISTRAR'S SIGNATURE John Mace Jr. M.D.

24. FUNERAL DIRECTOR Ruth A. Willoughby ADDRESS East New Market Md.

RECEIVED
MAY 14 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05013

CERTIFICATE OF DEATH

Reg. Dist. No. 116

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

1. PLACE OF DEATH:
COUNTY: Dorchester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cambridge
LENGTH OF STAY (in this place): Year
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Cambridge-Md. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cambridge
STREET ADDRESS (If rural give location): Cambridge, Md. R.F.D.

3. NAME OF DECEASED: (Type or Print) (First) Herbert (Middle) Childress (Last)

4. DATE OF DEATH: (Month) May (Day) 23 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: 6/22/08

9. AGE last birthday: 44 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Labor

10b. KIND OF BUSINESS OR INDUSTRY: Food Industry

11. BIRTHPLACE (State or foreign country): Roanoke, Va.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Childress

14. MOTHER'S MAIDEN NAME: Ida

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes — (If Yes, give war or dates of service) Yes, Navy

16. SOCIAL SECURITY No.: 230-16-7979

17. INFORMANT & ADDRESS: Mrs. Mabel Childress PPCo. Camp Cambridge, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

446X

Immediate cause (a) Cerebral Hemorrhage — 3 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Hypertension — (?)

DUE TO

(c) Ch. Nephritis — (?)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/21, 1953, to 5/23, 1953, that I last saw the deceased alive on 5/23, 1953, and that death occurred at 10 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): Harold M. Wilson — Harold M. Wilson, M.D. — ADDRESS: 224 Pine St., Camb., Md. — DATE SIGNED: 5/23/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 5-28-53 — NAME OF CEMETERY OR CREMATORY: Silent City Cemetery — LOCATION (City, town, or county) (State): Cambridge, Md.

DATE REC'D BY LOCAL REGISTRAR: 5-28-53 — REGISTRAR'S SIGNATURE: John Mace Jr. M.D. — **24. FUNERAL DIRECTOR** ADDRESS: Louis Bayneum, Wash. St. Camb., Md.

RECEIVED
JUN 1 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 5014

CERTIFICATE OF DEATH

Reg. Dist. No. 112

1. PLACE OF DEATH:
COUNTY: Dorchester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Vienna
LENGTH OF STAY (in this place): All life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: At home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. COUNTY: Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Vienna
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED: (Type or Print) (First) Nina (Middle) Priscilla (Last) Collins

4. DATE OF DEATH: (Month) 5 (Day) 9 (Year) 19 53

5. SEX: Female

6. COLOR OR RACE: A.A.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: 11-22-'04

9. AGE last birthday: 48 yrs. IF UNDER 1 YEAR: Months 5, Days 22 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic

10b. KIND OF BUSINESS OR INDUSTRY: Housework

11. BIRTHPLACE (State or foreign country): Vienna, Dorchester Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Noah Stewart

14. MOTHER'S MAIDEN NAME: Mary Pinkett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.: 213-16-4766

17. INFORMANT & ADDRESS: Mr. Isaiah H. Collins, Vienna, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

447X

Immediate cause (a) Acute congestive Failure — Interval Between Onset and Death: 3 days

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Hypertension — 5 mos.

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb., 1953, to 5-9, 1953, that I last saw the deceased alive on 5-9, 1953, and that death occurred at 7:15 A. m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS: Harold M. Wilson, M.D. 224 Pine St. Camb. Md. — DATE SIGNED: 5-9-53

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 5-12-'53 — NAME OF CEMETERY OR CREMATORY: Vienna Cemetery — LOCATION (City, town, or county) (State): Vienna, Dorchester Co., Md

DATE REC'D BY LOCAL REG.: May 10-53 — REGISTRAR'S SIGNATURE: Elizabeth N. Graff

24. FUNERAL DIRECTOR ADDRESS: STEWART FUNERAL HOME - 324 E. Church St. Salisbury, Maryland

Mary A. Stewart

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS/A15 8-53

RECEIVED
MAY 13 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 0501

CERTIFICATE OF DEATH

Reg. Dist. No. 116

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY DORCHESTER — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
LENGTH OF STAY (in this place) 2 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cambridge Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD — COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sharptown
STREET ADDRESS (If rural give location) Mardela Rd.

3. NAME OF DECEASED: (Type or Print) (First) Carrie (Middle) Howard (Last) Dayton

4. DATE OF DEATH: (Month) May (Day) 16 (Year) 1953

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: July 27, 1902

9. AGE Last birthday: 50 yrs. — IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min. —

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): MD

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Thomas Howard

14. MOTHER'S MAIDEN NAME: Maggie Riggin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: —

17. INFORMANT'S ADDRESS: Victor Dayton

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
171X Immediate cause	(a) Toxic Myocarditis	1 wk.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) DUE TO Uremia	1 week
	(c) DUE TO adeno-Carcinoma of Cervix	5 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: With "Frozen Pelvis"

19a. DATE OF OPERATION: None — **19b. MAJOR FINDINGS OF OPERATION**

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — **PLACE OF INJURY** (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-4, 1953, to 5-16, 1953, that I last saw the deceased alive on 5-16, 1953, and that death occurred at 4:40 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Eugene H. Wolff M.D. — ADDRESS Cambridge, Maryland — DATE SIGNED 5-18-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 5/19/53 — NAME OF CEMETERY OR CREMATORY Mardela — LOCATION (City, town, or county) (State) Mardela Springs Md

DATE REC'D BY LOCAL REGISTRAR 5-19-53 — REGISTRAR'S SIGNATURE John Mace Jr. M.D.

24. FUNERAL DIRECTOR Paul J. Smith, Shaptown Md. — ADDRESS

VS. AT6

RECEIVED
MAY 21 1953
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 116 — 5016

1. PLACE OF DEATH:
COUNTY Dorchester MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cambridge
LENGTH OF STAY (in this place) 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cambridge Maryland Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Dor.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cambridge
STREET ADDRESS (If rural give location) 314 Washington Street

3. NAME OF DECEASED: (Type or Print) (First) NERVINA (Middle) PARKS (Last) DAYTON

4. DATE OF DEATH: (Month) MAY (Day) 17 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: 2-20-1882
9. AGE last birthday: 71 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jesse T. Parks
14. MOTHER'S MAIDEN NAME: Margaret Powley

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT & ADDRESS: Mr. Charles Dayton: Cambridge, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
420.1 Immediate cause	(a) Nephrosclerosis	4 days
Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Coronary Heart Disease	3 yrs.
	DUE TO (c) Hypertension	3 yrs

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/12, 1953 to 5/17, 1953 that I last saw the deceased alive on 5/17, 1953, and that death occurred at 8:00 A.M. from the causes and on the date stated above.

SIGNATURE Laurence Maryanov (Degree or title) M.D. ADDRESS Cambridge Md. DATE SIGNED 5/18/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 5-20-1953
NAME OF CEMETERY OR CREMATORY Dorchester Memorial Park
LOCATION (City, town, or county) (State) Cambridge, Maryland

DATE REC'D BY LOCAL REGISTRAR 5-19-53
REGISTRAR'S SIGNATURE John Mace Jr. MD
24. FUNERAL DIRECTOR LeCompte Funeral Service
ADDRESS Cambridge, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15.

RECEIVED
MAY 21 1952
BUREAU V. S.

FilmG154 Item #11 5/13/53 mnb

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 95017

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH: COUNTY Dorchester MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cambridge
LENGTH OF STAY (in this place) 1 y. 7 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Eastern Shore State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Dorchester
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Secretary
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) G. (Last) Hurley
4. DATE OF DEATH: (Month) 5 (Day) 2 (Year) 1953
5. SEX: M
6. COLOR OR RACE: Wh.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M.
8. DATE OF BIRTH: 12-1-1871
9. AGE last birthday: 81 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Seaman
10b. KIND OF BUSINESS OR INDUSTRY: Maryland
11. BIRTHPLACE (State or foreign country): Dorchester Co., Md.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: John H. Hurley
14. MOTHER'S MAIDEN NAME: Elizabeth Newton
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Chas. F. Hurley E.A. Md. Records: Eastern Shore State Hospital

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arterio-sclerotic cardio-Vascular Disease — Interval Between Onset And Death: years

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Senility

DUE TO

(c) Carcinoma of Prostate — 2 years

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Psychotic Reaction

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-1-1952 to 5-2-1953, that I last saw the deceased alive on 5-2-1953, and that death occurred at 5:50 p.m. from the causes and on the date stated above.

SIGNATURE Witold V. Winiarz (Degree or title) M.D. ADDRESS Eastern Shore State Hosp. DATE SIGNED 5.2.53.

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
DATE THEREOF MAY 5 1953
NAME OF CEMETERY OR CREMATORY East New Market Cem.
LOCATION (City, town, or county) East New Market (State) Md.
DATE REC'D BY LOCAL REGISTRAR 5-4-53
REGISTRAR'S SIGNATURE John Mace Jr. MD
24. FUNERAL DIRECTOR Wm. F. Jones, ADDRESS Claymont Del

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 T

RECEIVED
MAY 7 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05018

CERTIFICATE OF DEATH

Reg. Dist. No. 116

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Dorchester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge (rural)
LENGTH OF STAY (in this place) 6 yrs. 3 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Eastern Shore State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield 19-
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (First) John (Middle) (Last) LeFevre
(Type or Print)

4. DATE OF DEATH: (Month) May (Day) 18 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Divorced

8. DATE OF BIRTH: 8-8-1900

9. AGE last birthday: 53 yrs.

IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Odd jobs

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Robert LeFevre

14. MOTHER'S MAIDEN NAME: Sarah Evans

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No:

17. INFORMANT & ADDRESS: Records: Eastern Shore State Hospital

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

1917

Immediate cause (a) Cachexia

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Metastatic Carcinoma

DUE TO

(c) Basal Cell Carcinoma of skin

Interval Between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes X No

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..., 19.., to 5-18....., 1953.., that I last saw the deceased alive on 5-18-, 1953, and that death occurred at 12:50 p.m., from the causes and on the date stated above.

SIGNATURE Pathologist (Degree or Title) C. Dehmel M.D. ADDRESS Eastern Shore State Hosp. DATE SIGNED 18 May 1953

23. BURIAL, CREMATION, REMOVAL (Specify) B

DATE THEREOF 5/20/53

NAME OF CEMETERY OR CREMATORY Sunny Ridge Cemetery

LOCATION (City, town, or county) Crisfield, Md. (State)

DATE REC'D BY LOCAL REGISTRAR 5-19-53

REGISTRAR'S SIGNATURE John Mace Jr. MD

24. FUNERAL DIRECTOR Covington Funeral Home

ADDRESS Crisfield Md.

VS. A15

RECEIVED
MAY 21 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 25019

CERTIFICATE OF DEATH

Reg. Dist. No. 116

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Dorchester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
LENGTH OF STAY (in this place) 4 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Eastern Shore State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury 22-12
STREET ADDRESS (If rural give location) 415 Davis Street

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) (Last) MALLOY

4. DATE OF DEATH: (Month) 5 (Day) 21 (Year) 1953

5. SEX: M.

6. COLOR OR RACE: Wh.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: 6.2.1867

9. AGE last birthday: 85 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Waterman

10b. KIND OF BUSINESS OR INDUSTRY: Shipyard

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: unknown

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) unk. (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: unk.

17. INFORMANT & ADDRESS: Records: Eastern Shore State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause — (a) Senility — Interval Between Onset And Death: many years

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) General arterio-sclerosis — many years

DUE TO (c) Carcinoma of the prostate. — over 3 years

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Psychotic Reaction — 4 years

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4.1., 1953, to 5.21., 1953, that I last saw the deceased alive on 5.21., 1953, and that death occurred at 8 50 p. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Witold V. Winiary M.D. — ADDRESS Eastern Shore State Hospital — DATE SIGNED 5.21.53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 5/25/53 — NAME OF CEMETERY OR CREMATORY E.S.S. Hospital Cemetery — LOCATION (City, town, or county) R.F.D. #1 Cambridge 2nd (State) Md.

DATE REC'D BY LOCAL REGISTRAR 5-25-53 — REGISTRAR'S SIGNATURE John Mace Jr. M.D. — 24. FUNERAL DIRECTOR Kenneth L. Thomas — ADDRESS Cambridge Md.

VS. (A 15)

RECEIVED
MAY
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 116

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
LENGTH OF STAY (in this place) 13 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Eastern Shore State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hurlock
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) Cookman (Last) Medford

4. DATE OF DEATH: (Month) 5 (Day) 22 (Year) 1953

5. SEX: M

6. COLOR OR RACE: Wh.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): S.

8. DATE OF BIRTH: 2-17-1880

9. AGE last birthday: 73 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): farmer

10b. KIND OF BUSINESS OR INDUSTRY: FARM EMPLOYEE

11. BIRTHPLACE (State or foreign country): near Hurlock, Maryland

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: John Medford

14. MOTHER'S MAIDEN NAME: Eliza Jane Sard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: NONE

17. INFORMANT & ADDRESS: Records: Eastern Shore State Hospital

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Congestive Heart failure — Interval Between Onset And Death: 1 week

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Arteriosclerotic Cardio-Vascular Disease — over 6 years

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Psychotic Reaction — 41 years

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9.1.1952 to 5.22.1953, that I last saw the deceased alive on 5.22.1953, and that death occurred at 3:05 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Witold V. Winiarz M.D. Eastern Shore State Hospital 5.22.53.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF May 24, 1953
NAME OF CEMETERY OR CREMATORY Saint Paul Cemetery
LOCATION (City, town, or county) (State) Near Williamsburg, Maryland

DATE REC'D BY LOCAL REGISTRAR 5.24.53
REGISTRAR'S SIGNATURE John Marshall M.D.

24. FUNERAL DIRECTOR J.J. Frampton & Son ADDRESS Federalsburg, Md.

VS. A15

BUREAU V. S.
MAY 25 1953

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 95021

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:
COUNTY Dorchester MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Linas Road, Dor. Co. Md.
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cambridge RFD

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Dor.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Linas Road, Dor. Co. Md.
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) MANIE (Middle) A (Last) MOLOCK

4. DATE OF DEATH: (Month) May (Day) 31, (Year) 1953

5. SEX: Female
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: May 9, 1899
9. AGE last birthday: 54 yrs. IF UNDER 1 YEAR Months 0 Days 22 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Linas Road, Dor. Co. Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Abe Lane
14. MOTHER'S MAIDEN NAME: Mary Phillips

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: William Molock, Linas Road, Dor. Co. Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — Interval Between Onset And Death: 1 week

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from February, 1953, to May 30, 1957, that I last saw the deceased alive on 24 May, 1953, and that death occurred at 3:00 pm, from the causes and on the date stated above.

SIGNATURE (Degree or title) Calvin Fessler
ADDRESS 227 Pine St Cambridge Md.
DATE SIGNED 2 June 53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: June 3, 1953
NAME OF CEMETERY OR CREMATORY: Linas Road
LOCATION (City, town, or county) (State): Linas Road, Maryland

DATE REC'D BY LOCAL REGISTRAR: 6-3-53
REGISTRAR'S SIGNATURE: John Mace Jr. MD

24. FUNERAL DIRECTOR: Herbert M. St. Clair, Jr.
ADDRESS: Cambridge, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 5 1953
BUREAU V. S.

Item 18, Film 6162, 3/10/54-AMS.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 116

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Dorchester; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge; LENGTH OF STAY (In this place) 1 day; HOSPITAL OR INSTITUTION OR STREET ADDRESS Cambridge Maryland Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Dorchester; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rhodesdale; STREET ADDRESS (If rural, give location) Rural

3. NAME OF DECEASED (Type or Print): (First) Hilda (Middle) Trecy (Last) Neal

4. DATE OF DEATH: (Month) May (Day) 26 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: April 25, 1937

9. AGE last birthday: 16 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Dorchester County, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Layfield F. Neal

14. MOTHER'S MAIDEN NAME: Ida Mae Macer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT AND ADDRESS: Mildred Macer, Rhodesdale, Md., R.F.D.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute myocardial failure — Interval between onset and death: 2 hrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) ~~Cause unknown~~ Postpartum eclampsia

(c) Focal nephritis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes [X] No [ ]

21. EXTERNAL CAUSE WAS PRIMARY [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work [ ] Not while at work [ ] | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy [X], Inspection [X], Inquiry [ ] thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [X], accident [ ], suicide [ ], homicide [ ], undetermined [ ].*

SIGNATURE John Macer Jr. M.D. (Degree or title) Medical Examiner Dorchester county

ADDRESS Cambridge, Md.

DATE SIGNED 6/2/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: May 29, 1953 | NAME OF CEMETERY OR CREMATORY: Rhodesdale Cemetery | LOCATION (City, town, or county) (State): Rhodesdale, Maryland

DATE REC'D BY LOCAL REG. May 27, 1953 | REGISTRAR'S SIGNATURE John Macer Jr. M.D.

24. FUNERAL DIRECTOR AND ADDRESS: J.J. Frampton and Son, Federalsburg, Md.

RECEIVED
JUN 3 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (5023) 116

CERTIFICATE OF DEATH

Reg. Dist. No. ~~290~~

1. PLACE OF DEATH: COUNTY Dorchester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Eastern Shore State Hospit.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Emma (Middle) Gertrude (Last) Quimby

4. DATE OF DEATH: (Month) 5 (Day) 11 (Year) 1953

5. SEX: F
6. COLOR OR RACE: Wh.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Separated
8. DATE OF BIRTH: 9.30.71
9. AGE last birthday: 81 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William McNeal
14. MOTHER'S MAIDEN NAME: Louise Walker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Records: Eastern Shore State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0

Immediate cause (a) Arteriosclerotic Heart Disease — Interval Between Onset And Death: over 1 year

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) General Arteriosclerosis — over 5 years

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Psychotic Reaction — about 5 years

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11.22, 1952 to 5.11., 1953, that I last saw the deceased alive on 5.11., 1953, and that death occurred at 12 55 (noon) from the causes and on the date stated above.

SIGNATURE (Degree or title) Witold V. Winiarz M.D. ADDRESS Eastern Shore State Hospital DATE SIGNED 5.11.53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 5/13/53
NAME OF CEMETERY OR CREMATORY Spring Hill
LOCATION (City, town, or county) Easton (State) Md
DATE REC'D BY LOCAL REGISTRAR 5/13/53
REGISTRAR'S SIGNATURE ~~N. H. Neerie~~ John Mace, Jr.
24. FUNERAL DIRECTOR R. Ellis Clark, ADDRESS Easton Md

X

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MAY 21 1953
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (5?2)

CERTIFICATE OF DEATH

Reg. Dist. No. 116

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A35

1. PLACE OF DEATH:
COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
LENGTH OF STAY (in this place) MARYLAND 9 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Eastern Shore State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hoopersville, Md.
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Dorothy (Middle) (Last) Simmons

4. DATE OF DEATH: (Month) 5 (Day) 30 (Year) 1953

5. SEX: F. 6. COLOR OR RACE: Wh. 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): S. 8. DATE OF BIRTH: 2.22.23 9. AGE last birthday: 30 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): none 10b. KIND OF BUSINESS OR INDUSTRY: Housewife 11. BIRTHPLACE (State or foreign country): Maryland 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Emery W. Simmons 14. MOTHER'S MAIDEN NAME: Naomi Ruark

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) 16. SOCIAL SECURITY NO.: unkn. 17. INFORMANT & ADDRESS: Eastern Shore State Hospit. Records

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Toxic (interstitial) Myocarditis — Interval Between Onset And Death: 3 months

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Decubitus Ulcers, multiple, of deeper tissues and Subcutan. Tissues — 4 "

DUE TO (c) Anemia, secondary to cachexia. — 6 "

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: Psychosis with convulsive disorder — 16 years

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9. 1. ,1952, to 5. 30., 1953, that I last saw the deceased alive on 5.30., 1953, and that death occurred at 5 45 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Witold V. Winiarz M.D. Eastern Shore State Hosp, Cambridge, Md. 5.30.53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 6-2-1953 — NAME OF CEMETERY OR CREMATORY Dorchester Memorial Park; — LOCATION (City, town, or county) (State) Cambridge, Md.

DATE REC'D BY LOCAL REGISTRAR 6-2-1953 — REGISTRAR'S SIGNATURE John Mace Jr. M.D.

24. FUNERAL DIRECTOR LeCompte Funeral Service — ADDRESS Cambridge, Maryland

RECEIVED
JUN 3 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5533

CERTIFICATE OF DEATH

Reg. Dist. No. 111

1. PLACE OF DEATH:
COUNTY Dorchester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN East New Market
LENGTH OF STAY (in this place) all life
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN East New Market, Rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Winfield (Middle) — (Last) Thomas

4. DATE OF DEATH: (Month) 5 (Day) 28 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: 1/4/1885
9. AGE last birthday: 68 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming (Ret)
10b. KIND OF BUSINESS OR INDUSTRY: Own Farm
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: (Don't Know)
14. MOTHER'S MAIDEN NAME: Susan Ann Thomas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: —
17. INFORMANT & ADDRESS: Hattie Thomas, East New Market

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 593X

Immediate cause (a) Nephritis — INTERVAL BETWEEN ONSET AND DEATH: Some years

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) High blood pressure

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1, 1953, to May 26, 1953, that I last saw the deceased alive on May 27, 1953, and that death occurred at 5:45 m., from the causes and on the date stated above.

SIGNATURE R. D. Brown (DEGREE OR TITLE) M.D. ADDRESS East New Market DATE SIGNED 5/29 Md.

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 5/30/51
NAME OF CEMETERY OR CREMATORY Thompsontown
LOCATION (City, town, or county) Thompsontown, Dor. (State) Md.

DATE REC'D BY LOCAL REG. 5-29-53
REGISTRAR'S SIGNATURE Elizabeth C. Smith
24. FUNERAL DIRECTOR Ruth S. Willoughby ADDRESS East New Market, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-5

RECEIVED
12 1953
U. V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 116

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16

1. PLACE OF DEATH:
COUNTY Dorchester MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cambridge
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 112 Robbins Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Dor.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cambridge
STREET ADDRESS (If rural give location) 112 Robbins Street

3. NAME OF DECEASED: (Type or Print) (First) OLIVER (Middle) PRESTON (Last) TYLER

4. DATE OF DEATH: (Month) MAY (Day) 19 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 10-23-1881
9. AGE last birthday: 71 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Sawyer
10b. KIND OF BUSINESS OR INDUSTRY: Lumber Mill
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Perry Tyler
14. MOTHER'S MAIDEN NAME: Mary Ruark

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) unknown (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT & ADDRESS: Mrs. Lillian Tyler: Cambridge, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 420.1 (a) Coronary Artery Thrombosis
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerosis with Hypertension
DUE TO
(c)

Interval Between Onset And Death: 5 MIN.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Blindness Bilateral

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/10, 1946, to 5/19, 1953 that I last saw the deceased alive on 5/19, 1953, and that death occurred at 1:00 A.M., from the causes and on the date stated above.
SIGNATURE (Degree or title) W. F. Lauer M.D. ADDRESS Cambridge Md DATE SIGNED 5/20/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 5-21-1953
NAME OF CEMETERY OR CREMATORY Dorchester Memorial Park: LOCATION (City, town, or county) Cambridge, Md. (State)
DATE REC'D BY LOCAL REGISTRAR 5-21-53
REGISTRAR'S SIGNATURE John Mace Jr. MD
24. FUNERAL DIRECTOR LeCompte Funeral Service ADDRESS Cambridge, Maryland

MAY 25 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 C5826

CERTIFICATE OF DEATH

Reg. Dist. No. 115

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Dorchester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fishing Creek
LENGTH OF STAY (in this place): life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: P.O.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Dor.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fishing Creek
STREET ADDRESS (If rural give location): P.O.

3. NAME OF DECEASED: (Type or Print) (First) CARRIE (Middle) TOLLEY (Last) WALLACE

4. DATE OF DEATH: (Month) MAY (Day) 28 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 4-14-1868

9. AGE last birthday: 85 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jeremich Tolley

14. MOTHER'S MAIDEN NAME: Mary E. Caskey

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Mr. John R. Wallace: Fishing Creek, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) Abscess Bile duct — 1 month

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Gall bladder disease (inflammation) — about 15 yrs ago
DUE TO (c) Gall stone and operation for same.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None.

19a. DATE OF OPERATION: about 1938 — 19b. MAJOR FINDINGS OF OPERATION: Multiple gall stones & inflammation — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): no — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): no — m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 4., 1953., to May 28., 1953, that I last saw the deceased alive on May 28., 1953, and that death occurred at 8.50 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): James W. Meade M.D. — ADDRESS: Fishing Creek Md — DATE SIGNED: May 30/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 5-30-1953 — NAME OF CEMETERY OR CREMATORY: Hoosier Memorial Churchyard: — LOCATION (City, town, or county) (State): Fishing Creek, Md.

DATE REC'D BY LOCAL REGISTRAR: May 30/53 — REGISTRAR'S SIGNATURE: James W. Meade

24. FUNERAL DIRECTOR: LeCompte Funeral Service — ADDRESS: Cambridge, Maryland

VS. A15

RECEIVED
JUN 5 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05027

CERTIFICATE OF DEATH

Reg. Dist. No. 116

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
   COUNTY: Dorchester — MARYLAND
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cambridge
   LENGTH OF STAY (in this place):
   HOSPITAL OR INSTITUTION OR STREET ADDRESS: Cambridge Md. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
   STATE: Maryland — COUNTY: Dor.
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cambridge
   STREET ADDRESS (If rural give location): 12 Robbins Street

3. NAME OF DECEASED: (First) THOMAS (Middle) (Last) WILLIAMS

4. DATE OF DEATH: (Month) May (Day) 8 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Unknown

9. AGE last birthday: Approx 70 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Unknown

10b. KIND OF BUSINESS OR INDUSTRY: Unknown

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): ----- (If Yes, give war or dates of service): --------

16. SOCIAL SECURITY No.: Unknown

17. INFORMANT & ADDRESS: Hospital and Welfare Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

434.1

Immediate cause (a) Congestive H. Failure — Interval Between Onset And Death: 9 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-30-, 1953, to 5-8-, 1953, that I last saw the deceased alive on 5-8-, 1953, and that death occurred at 12:00 PM, from the causes and on the date stated above.

SIGNATURE: J.E. Brady Jr. — (Degree or title): M.D. — ADDRESS: 232 Cedar St Cbg. Md. — DATE SIGNED: 5-9-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 5/13/1953 — NAME OF CEMETERY OR CREMATORY: Waugh Cemetery — LOCATION (City, town, or county) (State): Cambridge, Maryland

DATE REC'D BY LOCAL REGISTRAR: 5-13-53 — REGISTRAR'S SIGNATURE: John Mace Jr. M.D.

24. FUNERAL DIRECTOR — ADDRESS: Herbert M.St.Clair,Jr.,Cambridge,Md

RECEIVED
MAY 19 1953
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05028

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH: COUNTY Dorchester; STATE MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cambridge; LENGTH OF STAY (In this place) 75 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS 208 High Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Dor.; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cambridge; STREET ADDRESS (If rural give location) 208 High Street

3. NAME OF DECEASED: (Type or Print) (First) Willie (Middle) Rawleigh (Last) Wingate

4. DATE OF DEATH: (Month) May (Day) 29, (Year) 1953

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed | 8. DATE OF BIRTH: Mar. 31, 1866 | 9. AGE Last birthday: 87 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life. Housewife | 10b. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): Cambridge R.F.D. | 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Levin H. Rawleigh | 14. MOTHER'S MAIDEN NAME: Sarah Marshall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) no | 16. SOCIAL SECURITY NO.: none | 17. INFORMANT & ADDRESS: 208 High Street, Mrs. R. Bruce Horner, Cambridge, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) Myocardial Failure — 13 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) arteriosclerosis generalized.

DUE TO

(c) senility.

422.1

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Posterior lateral spinal sclerosis

19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/16, 1944, to 5/29, 1953, that I last saw the deceased alive on 5/29, 1953 and that death occurred at 11.53 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) W. F. Sparks M.D. ADDRESS Cambridge, Md. DATE SIGNED 6-1-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF June 1, 1953 | NAME OF CEMETERY OR CREMATORY Greenlawn Cemetery | LOCATION (City, town, or county) (State) Cambridge, Md.

DATE REC'D BY LOCAL REGISTRAR 6-2-53 | REGISTRAR'S SIGNATURE John MacLeod M.D. | 24. FUNERAL DIRECTOR ADDRESS Kenneth R. Thomas, Cambridge, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 3 1953
BUREAU V. S.